

Claim for Reimbursement

After School Care Snack Attachment
VT Department of Education
Child Nutrition Programs

LEA#:				
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Month	Year	Claim Number

School Food Authority Name:	
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Number of Sites Sponsored:	After School Care Program	Area Eligible After School Care Program

Number of Meals Served	After School Care Snacks	Area Eligible After School Care Snacks
Full Price		
Free		
Reduced Price		
Total		

I certify that, to the best of my knowledge and belief, this claim to be true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of the existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject the applicant to prosecution under applicable state and federal statutes.

Signature: _____

Date: _____

Telephone Number: _____

Revised 4/1999

Make a copy for your files.
Mail original to:

Child Nutrition Programs
VT Department of
Education
120 State Street
Montpelier, VT 05620-
2501
Tel. (802) 828-5153